

Case Number:	CM14-0127779		
Date Assigned:	08/15/2014	Date of Injury:	06/05/2012
Decision Date:	09/18/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male who was reportedly injured on 06/05/2012. The mechanism of injury was noted as a left knee injury while moving a water heater from an elevated water closet. The most recent progress note, dated 02/24/2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated right knee range of motion 0-120, large effusion, diffuse joint line tenderness and an antalgic gait. No recent diagnostic studies are available for review. Previous treatment included previous knee surgery, physical therapy, medications, and conservative treatment. A request was made for chiropractic sessions for the right knee 2 times a week for 3 weeks #6 and was not certified in the pre-authorization process on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic for the right knee; 6 sessions; 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. However, the injured worker has complaints of right knee pain. There are no studies showing that manipulation is a proven effective treatment for patients with knee pain. This request is lacking supporting documentation for this treatment. Therefore, this request is not medically necessary.